



# OLD MYSTIC FIRE DEPARTMENT

*Integrity. Commitment. Compassion*

## APPLICATION FOR MEMBERSHIP

Completed applications should be returned in person to:

Old Mystic Fire Department

295 Cow hill Road

Mystic, CT 06355

### NOTE

All areas of this application must be typed or printed with **black ink only**.

Old Mystic Fire Department is an equal opportunity employer and supports diversity in the workplace. EEO

**Personal Information**

**Section 1 of 6**

\_\_\_\_\_  
Last Name                                      First                                      Middle                                      Social Security Number

\_\_\_\_\_  
Mailing Address                                      City                                      State                                      Zip

\_\_\_\_\_  
Primary Phone Number                                      Secondary Phone Number                                      E-Mail Address

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently or have you ever been a member in any other

Emergency Service Agencies?

If yes...

Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**History**

**Section 2 of 6**

Have you ever been a member for us before...?

If yes...    Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

Please list your past places of employment starting with the most recent. If additional spaces are needed please use a blank sheet and attach it to this application.

Employer: _____	Start Date: _____
Phone Number: _____	End Date: _____
City and State: _____	Salary: _____
Supervisors Name: _____	Position Held: _____
	Reason for Leaving: _____
Employer: _____	Start Date: _____
Phone Number: _____	End Date: _____
City and State: _____	Salary: _____
Supervisors Name: _____	Position Held: _____
	Reason for Leaving: _____
Employer: _____	Start Date: _____
Phone Number: _____	End Date: _____
City and State: _____	Salary: _____
Supervisors Name: _____	Position Held: _____
	Reason for Leaving: _____

**Character References**

**Section 3 of 6**

Please list three (3) individuals, not relatives or former employers. Please include a letter of recommendation from each reference. References must be above the age of 21.

_____ Name	_____ Phone Number	_____ Relationship	_____ Years Known
_____ Name	_____ Phone Number	_____ Relationship	_____ Years Know
_____ Name	_____ Phone Number	_____ Relationship	_____ Years Known

	Name of School	Highest Level Completed				Degree Received	
		9	10	11	12	Diploma	GED
High School							
College		1	2	3	4	Yes	No
Other School		1	2	3	4	Yes	No

Certifications

Description	Identification Number	Date Issued
MRT		
EMT-Basic		
Firefighter I		
Firefighter II		
License (indicate if CDL or Q)		

Special Skills, Abilities, or Certifications not listed above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position

What position are you applying for? \_\_\_\_\_

**Regular** (Live in district, Age 18+)    **Social** (Live out of district, Age 18+)    **Junior member** (Age 14-17)

Firefighter

Fire Police

Pant Size (Waistband / Length): \_\_\_\_\_ / \_\_\_\_\_      Shirt Size: \_\_\_\_\_

**Parents Signature (Required of applicants for Junior Membership ONLY)**

Parent Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Investigating Committee: Favorable \_\_\_\_\_ Unfavorable \_\_\_\_\_ Signed \_\_\_\_\_

(One Member sign)

Please Read Carefully - Initial And Sign Below

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

The information set forth in my application for membership is true and complete. I understand that if accepted into membership, any false statement on this application may result in my dismissal. I further understand that this is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to accept me as a member.

\_\_\_\_\_  
Initial Here

I understand and agree that my membership is at-will and can be terminated at any time by either party, in accordance with the Old Mystic Fire Department Constitution and By Laws.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YY)

This Area For Office Use Only

\_\_\_\_\_  
Application Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review Date

Resume